

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10-577844	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
IND.	DEP.	IND.	DEP.	
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